



APPLICATION FOR APPOINTMENT TO COUNTY BOARD, COMMISSION OR COMMITTEE

Please fill out each section that applies to you as completely as possible. Additional information may be required for some boards, commissions and committees.

Name of Board, Commission or Committee applying for:

For appointment to some boards and commissions, there is a requirement of property ownership within the subject area. If this requirement applies to your application, please indicate if you meet this requirement. ☐ Yes ☐ No

Personal Information:

Your Name: First: _____ Last: _____ Middle Initial: _____
 Home Address: _____ City: _____ Zip: _____
 Mailing Address: _____ City: _____ Zip: _____
 Home Phone: () - _____ Alternate Phone No.: () - _____
 Email Address: _____

Citizenship/Supervisory District Information:

Are you a citizen of the United States? ☐ Yes ☐ No If no, country of citizenship: _____
 Are you a registered voter? ☐ Yes ☐ No If yes, county where you are registered: _____
 Check the supervisorial district in which you reside: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐

Occupation:

Occupation/Title: _____
 Name of Employer: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Business Phone #: () - _____

Community and Civic Interests/Activities:

Summarize qualifications for appointment (i.e., education, experience, licenses, etc.)

Explain why you would like to serve on this board, commission or committee:

Please be advised that members of San Bernardino County boards, commissions and committees:

- May be required to take an Oath of Office.
- Must comply with the County's Ethics Ordinance.
- Must participate in State-mandated ethics training.
- May be required to disclose financial interests.

I hereby certify that all statements in this application are true and complete to the best of my knowledge.
I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

Signature: _____ **Date:** _____

*Please submit completed form to:
Clerk of the Board of Supervisors
385 North Arrowhead Avenue, 2nd Floor
San Bernardino, CA 92415-0130*

County Use Only – Do Not Write Below This Line

Clerk of the Board of Supervisors

Date Received: _____ Received By: _____ Date Referred to BOS: _____ BOS District: _____
Deputy Clerk of the Board of Supervisors

Board of Supervisors

Received By: _____ Interviewed By: _____ Interview Date: _____

Recommend to Appoint: ☐ Yes ☐ No Chief of Staff: _____ Date: _____
COS Signature

Comments: _____